

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S) 37 277 427

FILING DATE

CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2	/					52	/				
3	/					53		/			
4	/					54		/			
5	/					55		/			
6	/					56		/			
7	/					57		/			
8	/					58		/			
9	/					59		/			
10	/					60		/			
11	/					61		/			
12	/					62		/			
13	/					63	/				
14	/					64		/			
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16	/					66		/			
17	/					67		/			
18	/					68		/			
19	/					69		/			
20	/					70		/			
21	/					71	/				
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24	/					74		/			
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26	/					76		/			
27	/					77		/			
28	/					78		/			
29	/					79		/			
30	/					80	/				
31	/					81	/				
32	/					82		/			
33	/					83					
34	/					84		/			
35	/					85		/			
36	/					86		/			
37	/					87		/			
38	/					88		/			
39	/					89	/				
40	/					90		/			
41	/					91		/			
42	/					92		/			
43	/					93		/			
44	/					94		/			
45	/					95		/			
46	/					96		/			
47	/					97					
48	/					98					
49	/					99					
50	/					100					
TOTAL D.						TOTAL INC.	12				
TOTAL P.						TOTAL DEP.	84				
TOTAL AIMS						TOTAL CLAIMS	96				

O-1360 (3-78)